

Fill in this information to identify your case:

Debtor 1	<b>Alvin Cantona</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Priscilla A. Cantona</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	18-27373		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 6,284.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 6,284.00

#### Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 0.00
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 25,305.00
Your total liabilities	
\$ 25,305.00	

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 3,315.83
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 3,315.83
5. Schedule J: Your Expenses (Official Form 106J)	\$ 4,255.00
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 4,255.00

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 **Alvin Cantona**  
Debtor 2 **Priscilla A. Cantona**  
the court with your other schedules.

Case number (if known) **18-27373**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>5,174.06</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>+\$ 0.00</b>

\$	<b>0.00</b>
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(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
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## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Comcast</b> Nonpriority Creditor's Name PO Box 3001 Southeastern, PA 19398-3001 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2437</b>  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Account</b>

Debtor 1 **Alvin Cantona**  
Debtor 2 **Priscilla A. Cantona**

Case number (if known)

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4.2 **The Childrens Hospital of Philadelphia**  **2140**  **\$77.00**

Nonpriority Creditor's Name

**PO Box 8500-8017**  
**Philadelphia, PA 19178-8017**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Debt**

4.3 **Urgent Care Galloway**  **5248**  **\$47.00**

Nonpriority Creditor's Name

**PO Box 786061**  
**Philadelphia, PA 19178-6061**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Debt**

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Xfinity**  
**PO Box 211008**  
**Eagan, MN 55121-2408**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.6** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	Total Claim	
		6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>0.00</b>

Total claims from Part 2	Total Claim	
	6f.	\$ <b>0.00</b>
6f. Student loans	6f.	\$ <b>0.00</b>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>924.00</b>
6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>924.00</b>

**Fill in this information to identify your case:**

Debtor 1

**Alvin Cantona**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2

**Priscilla A. Cantona**

(Spouse if, filing)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **18-27373**

(if known)

Check if this is an amended filing

**Official Form 106Dec**

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Alvin Cantona

**Alvin Cantona**

Signature of Debtor 1

Date November 16, 2018

X /s/ Priscilla A. Cantona

**Priscilla A. Cantona**

Signature of Debtor 2

Date November 16, 2018

**United States Bankruptcy Court  
District of New Jersey**

In re **Alvin Cantona  
Priscilla A. Cantona**

Debtor(s)

Case No. **18-27373**  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX - AMENDED**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: November 16, 2018

/s/ Alvin Cantona

**Alvin Cantona**  
Signature of Debtor

Date: November 16, 2018

/s/ Priscilla A. Cantona

**Priscilla A. Cantona**  
Signature of Debtor

Comcast  
PO Box 3001  
Southeastern, PA 19398-3001

The Childrens Hospital of Philadelphia  
PO Box 8500-8017  
Philadelphia, PA 19178-8017

Urgent Care Galloway  
PO Box 786061  
Philadelphia, PA 19178-6061

Xfinity  
PO Box 211008  
Eagan, MN 55121-2408